1									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  10621526													
CLAIMS AS FILED - PART I SMALL ENTIF (Column 1) (Column 2) TYPE										OB	OTHER			
TO	TAL CLAIMS		2				RAT	E	FEE	1	RATE	FEE		
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	375.00	OR	BASIC FEE	750.00	}	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		· \$		X\$ 9	) ]		OR	X\$18=			
INDEPENDENT CLAIMS .			minus 3 =		· 6		X42				X84=		}	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR				
# 15 she will account in column 4 to long them were color "A" to settlem A							+140			OR	+280=			
* If the difference in column 1 is less than zero, enter *0" in column 2								\L	<u> </u>	OR	•	172		
CLAIMS AS AMENDED - PART II  // 23 // (Column 1) (Column 2) (Column 3)								LL	ENTITY	OR	OTHER SMALL			
NT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MO	Total	. 76	Minus	* Z	e		X\$ 9	-		OR	X\$18=			
AMEND MENT	Independent	. 3	Minus ·	0000 -	3	=	X42	_		OR	X84=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ㅓ						
								•		OR	+280=			
	Ť							EE		OR	YOTAL ADOIT. FEE			
(Column 1) (Column 2) (Column 3)											·			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO	BEA	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	JO	Minus	~	D <sup>C</sup>		X\$ 9	=		OR	X\$18=			
	Independent	$\cdot 3$	Minus			-	X42			OR	X84=			
	FIRST PRESE	+140	=		OR	300	360							
Le- has & multiple claims.								AL		OR	YOTAL ADDIT, FEE	KOK		
ADDIT, F (Column 1) (Column 2) (Column 3)											ADOM, FEE			
AMENDWENT C	ಥಳ∵ ೯೯೯ ೯⊏	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	100	<b>5</b>	=	X\$ 9	_		OR	X\$18=			
	Independent	. 2	Minus	~ Z		·	X42:	_		OR	X84=			
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┪			·			
the entry in column 1 is less than the entry in column 2, write 10 in column 3.														
**	ll the "Highest Nu If the "Highest Nu	mber Previously P mber Previously F	aid For IN THE Paid For IN THE	S SPACE I	s less tha s less tha	n 20, enter *20.	ADDIT. F	EE (	propriate bo		YOTAL ADDIT FEE lumn 1	<u>Q</u>		

FORM PTO-075 (Rev. 12/02)

\*U.S. Genommans Princing Office: 2003 — 492-279/09151